



**JEFFERSON COUNTY REGIONAL  
CRIME LABORATORY**  
5030 HWY 69 SOUTH, BEAUMONT, TX 77705

**CUSTOMER SATISFACTION SURVEY**

• **Customer Information:**

Name: \_\_\_\_\_

Agency / Dept.: \_\_\_\_\_

Position within agency: \_\_\_\_\_

Length of time with agency: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

• **Please check the section to which this rating applies. If you wish to rate more than one section, be sure to use separate forms.**

Drug Chemistry       Biology       Breath Alcohol       Evidence Receiving

Toxicology (Blood Alcohol)       Firearms       Crime Scene       Management/General

• **Please rate the section you checked according to the following criteria.**

| Criteria  | Exceeds Expectations     | Meets Expectations       | Below Expectations       |
|---|--------------------------|--------------------------|--------------------------|
| 1. Duration between request and results:        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Response regarding special or rush requests: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Phone/email messages returned promptly:      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ability to reach personnel:                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Quality of crime scene assistance:           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Quality of reports received:                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Quality of technical expertise:              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Professionalism of personnel:                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Satisfaction with evidence handling service: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Satisfaction with overall service:          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

• **Please include any additional comments or suggestions for further improvement of our services:**

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